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## BIB DATA SHEET

CONFIRMATION NO. 2454

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/530,836	11/10/2005 RULE	436	1618	PZ0277		
<b>APPLICANTS</b> Klaus Kopka, Munster, GERMANY; Hans-Jorg Breyholz, Munster, GERMANY; Stefan Wagner, Munster, GERMANY; Michael Schafers, Munster, GERMANY; Bodo Levkau, Munster, GERMANY; Benedicte Guilbert, Buckinghamshire, UNITED KINGDOM; Duncan Wynn, Buckinghamshire, UNITED KINGDOM;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/04351 10/08/2003						
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0223249.4 10/08/2002						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/25/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /LEAH H SCHLIENTZ/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> GE HEALTHCARE, INC. IP DEPARTMENT 101 CARNEGIE CENTER PRINCETON, NJ 08540-6231 UNITED STATES						
<b>TITLE</b> Imaging agents comprising barbituric acid derivatives						
<b>FILING FEE RECEIVED</b> 2440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			